

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date:	03/10/2018 Ending Date: 04/16/2018
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding ele	ction 🔀 30 day after election 🔲 year-end report 🗀 dissolution
Austin Sarat	
Candidate Full Name (if applicable)	Committee Name
Trustee of the Jones Library, Amherst, MA Office Sought and District	Name of Committee Treasurer
76 Snell Street, Amherst, MA 01002	
Residential Address	Committee Mailing Address
E-mail adsarat@amherst.edu	E-mail
Phone # (optional)	Phone # (optional)
SUMMARY BA	LANCE INFORMATION:
Line 1: Ending Balance from previous rep	ort
Line 2: Total receipts this period (page 3, l	line 11)
Line 3: Subtotal (line 1 plus line 2)	
Line 4: Total expenditures this period (pag	ge 5, line 14)
Line 5: Ending Balance (line 3 minus line	4)
Line 6: Total in-kind contributions this per	riod (page 6) 411.1
Line 7: Total (all) outstanding liabilities (p	page 7)
Line 8: Name of bank(s) used:	
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, t activity, including all contributions, loans, receipts, expenditures, disbursements finance activity of all persons acting under the authority or on behalf of this com Signed under the penalties of perjury:	to the best of my knowledge and belief, a true and complete statement of all campaign finance s, in-kind contributions and liabilities for this reporting period and represents the campaign amuttee in accordance with the requirements of M G L c. 55 (Freasurer's signature) Date:
activity, of all persons acting under the authority or on behalf of this commi	tee it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance aftee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions,
incurred any liabilities nor made any expenditures on my behalf during this Candidate without Committee OR Candidate with independent activity Legitive that I have examined this report including attached schedules and the second control of	reporting period y filing separate report it is, to the best of my knowledge and belief, a true and complete statement of all campaign wrsements, in-kind contributions and liabilities for this reporting period and represents the

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

	Name and Residential Address (alphabetical listing required) Amount		Occupation & Employer (for contributions of \$200 or more)	
Date Received	(alphabetical listing required)	Amount	(101 COULT IDUCTIONS OF SEASO OF MOTE)	
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ne 9: Total Recei	pts over \$50 (or listed above)			
ne 10: Total Dece	pts \$50 and under* (not listed above)			
TOTAL D	ECEIPTS IN THE PERIOD	€	Enter on page 1, line 2	

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
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ne 9: Total Receip	ots over \$50 (or listed above)		
ne 10: Total Recei	pts \$50 and under* (not listed above)		
	ECEIPTS IN THE PERIOD		Finter on page 1, line 2
	receipts of \$50 and under, include them in line		

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to

Shorr an exheun	To Whom Paid	nittee name and a page number o		
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
Date Laid	(milmanariae: rening)			
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		Line 12: Total Expenditures of	var \$50 (or listed shove)	
		Line 12: Total Expenditures of	ver and for tipted appare)	
		I ing 12. Total Eumanditures C5	0 and under* (not listed above)	
		Lille 15: Total Expelluttures \$5	o and under (not instead above)	
* *		Line 14: TOTAL EXPENDIT	TIDES IN THE PERIOD	
	Enter on page 1, line 4 →	Line 14: IOIAL EXPENDE	LUZZEN ELT EZEN E ELEKTON	

above.

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
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				2 2
	4.4.4.111171111111111111111111111111111			
			29	
		Line 12: Expenditures over \$50	(or listed above)	
		Line 13: Expenditures \$50 and u	nder* (not listed above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 6 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
03/12/2018	PAC to Re-Elect Ely/Sarat	481 Station Road, Amherst, MA	lawn signs (1/2 cost)	212.62
03/23/2018	PAC to Re-Elect Ely/Sarat	481 Station Road, Amherst, MA	Advertisement - Amherst Bulletin (3/23/18) (1/2 cost)	198.48
En and a second an		Line 15: In-Kind Contributions	over \$50 (or listed above)	411.1
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	411.1

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

Page 6

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

To Whom Due	Address	Purpose	Amount
	AO WAOM DUE	10 Whom Due Address	

